



Permit # \_\_\_\_\_

Date Received \_\_\_\_\_

# As-Built Drawing Subsurface Sewage Treatment System

Submit Applications to: [Permits@rumrivercc.com](mailto:Permits@rumrivercc.com) Scheduling: 763-331-7722

Site Address \_\_\_\_\_ Property ID # \_\_\_\_\_

Installer Company Name \_\_\_\_\_ MPCA #: L \_\_\_\_\_

<b>New</b>	<b>Replacement</b>	<b>Type I</b>	<b>Type II</b>	<b>Type III</b>	<b>Type IV</b>	<b>Type V</b>
Standard Trenches	Pressure Beds	Mound	At-Grade	Other _____		

# of Bedrooms \_\_\_\_\_ GPD \_\_\_\_\_ # of New Tanks Installed \_\_\_\_\_

Size of Tanks \_\_\_\_\_ Tank Manufacturer \_\_\_\_\_

Thickness of Rock Layer \_\_\_\_\_ Depth of washed sand (Mounds Only) \_\_\_\_\_

SQ. FT. of System \_\_\_\_\_ Signed "Other System" Waiver \_\_\_\_\_

Designer Name \_\_\_\_\_

## **\*\*Benchmark Information to be filled in on second page\*\***

Show Locations and Distances from all System Components to  
Buildings, Driveways, Water Wells and Property Lines

**\*\*I hereby Certify this install was completed according to all applicable requirements and ordinances.\*\***

Signature of Licensed Installer \_\_\_\_\_ Date \_\_\_\_\_

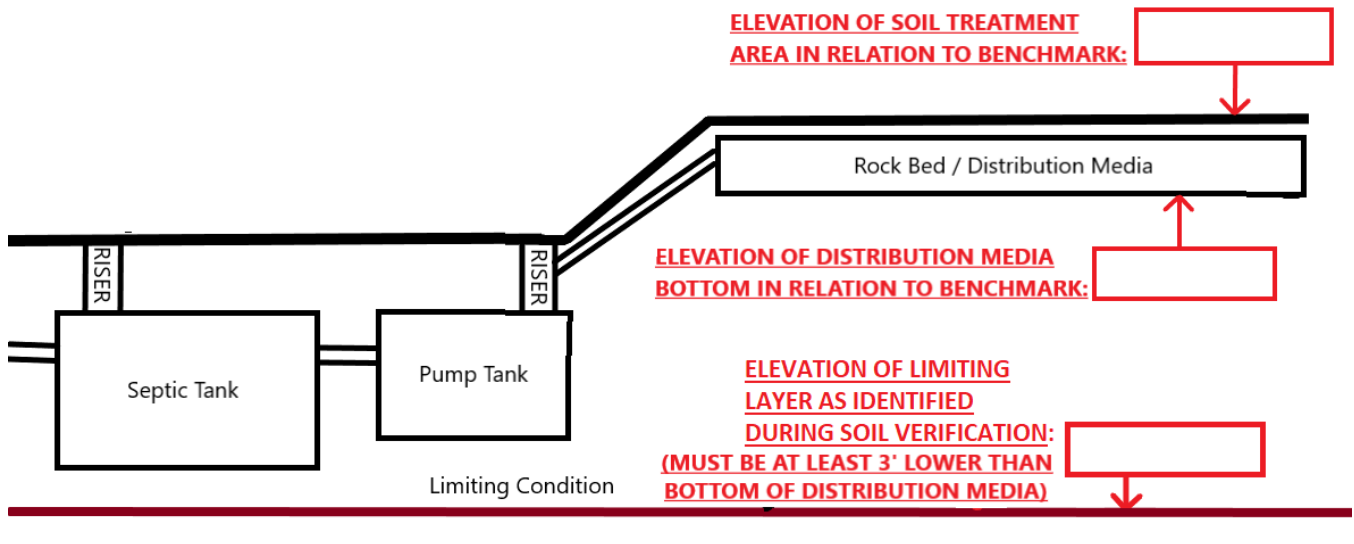
Installer's Printed Name \_\_\_\_\_

# Subsurface Sewage Treatment System Elevations



Establish benchmark at the flange in the first riser of the first septic tank, as shown here.

Fill in all three red boxes below with the applicable elevation in relation to the benchmark.



Materials Testing Performed (Jar Test, etc):

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Conditions at time of Install:

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**\*\* I Hereby Certify this Install was completed according to all applicable requirements and ordinances. \*\***

Signature of Licensed Installer: \_\_\_\_\_

Date: \_\_\_\_\_

MPCA LICENSE #: L \_\_\_\_\_